

from 132 to 109 in Venezuela and from 225 to 194 in Chile.

It is important to remember that these rates do not extend beyond 1943, but even so it is not easy to explain the favourable European experience for the first four years of war. Birth and marriage rates rose during this period over a large part of Europe, and if the lower mortality of first-, second- and third-born children was replacing the higher risks of fifth and subsequent children, this might partly explain the favourable trend. More important still, however, there was little unemployment in Europe during this

period, there was no acute food shortage, and no severe outbreak of disease. Where nutritional deficiencies did exist, they were not apparently widespread or severe enough to affect such a crude rate of death as infant mortality. We should not expect this rate to react sharply to moderate changes in diet or housing. Nevertheless, harm may be done, which does not kill children at once, but which may reflect itself later in life. It will be some time before we can estimate with any precision the biological consequences to European civilization of World War 2.

RICHARD M. TITMUSS.

## OTHER NOTICES

**Blackburn, Julian.** *Psychology and the Social Pattern.* International Library of Sociology and Social Reconstruction. London, 1945. Kegan Paul. Pp. 157. Price 10s. 6d.

DR. BLACKBURN'S book fills a long-felt want in psychological literature, so much indeed that the present reprint became necessary only three months after the book's first publication.

In an attempt to correlate the basic facts of general psychology to the findings of social psychology and psycho-pathology, the author explores on the one hand the influence which the pattern of behaviour of social groups exercises on its individual components and, on the other, the relationship between normal and abnormal behaviour. In seven chapters devoted to the facts of Perceiving, Thinking, Remembering, Intelligence, Temperament, Motivation and Emotion respectively, Dr. Blackburn deals competently and lucidly with the problem of the interaction between the individual and society. He has written a useful and stimulating work, and those intent on pursuing the matter further will particularly welcome the ample bibliographical notes which are provided.

E. GUTTMANN.

**McCready, Benjamin W.** *On the Influence of Trades, Professions, and Occupations in the United States, in the Production of Disease.* By Benjamin W. McCready, M.D., 1837. With an introductory essay by Genevieve Miller. Baltimore, 1943. Johns Hopkins Press. Pp. 128. Price \$1.75.

In his introduction the author disarmingly draws attention to the shortcomings of his book, but

rightfully claims that it will have served its purpose if it draws public attention to the subject.

The first occupation treated is agriculture, and the suggestions are marked by common sense, although the constant emphasis on "the constant use of flannel" underwear sounds a little dated—the comment here is that more information should be given as to the suitability of given districts for habitation, in addition to details of soil characteristics; for example, McCready goes on to show the advantages and drawbacks of the sailor's life, and makes the observation that although sailors have a comparatively short life, he feels it to be due in the main to the deckhand's intemperance during his shore leave. Extracts are given from a *Journal of a Voyage around the World—1831*. Of the 490 on board (of an average age of 31 years), twenty-five died during the voyage which occupied two years and nine months. Dysentery accounted for most of the deaths, and infections of the lower bowel caused most of the sickness; again, one of the principal precautions was an order to wear flannel underwear. A relatively high proportion of the crew developed phthisis (three deaths and two left seriously ill in hospital)—this led the writer to suggest that more attention should be paid to ventilation in the forecabin.

On factory labour (e.g. woollen and cotton cloth manufacture) it is stated that mortality and ill health are due less to the work itself than to the conditions in which it is carried out. This applies rather less to conditions in the United States than in Europe. The suggestions to keep the workpeople healthy are notable: avoidance of night-work,

satisfactory ventilation of factories, including removal of dust or protection from its influence.

Tailors, shoemakers and dressmakers, are likely to be affected by bad posture, lack of exercise and unhealthy surroundings. Printers may be affected by an unchanging standing position—weak eyesight worsened by staring—hernia induced by the lifting of heavy weights, and the effects of the absorption of lead; the latter being also liable to affect painters and plumbers.

Among professional men, the clergy, then as now, are longest lived; medical men then averaged only 2·9 years less than clergy.

Lawyers ordinarily appeared to have a reasonable expectation of life, more so than those whose occupation was writing mainly, such as professors and authors.

The monograph concludes with an emphasis on the need for ventilation and the end of overcrowding a dwelling-house; the need for temperance and for a moderate degree of exercise. Almost at the end is a comment which brings the advice right up to date—the end of the “daily increasing . . . consumption of quack medicines.”

D. R.-R.

**Sjögren, Torsten.** *Klinische und erbbiologische Untersuchungen über die Heredoataxien.* Copenhagen, 1943. Ejnar Munksgaard. Price 15 Dan. Kron.

THE author collected 188 cases of heredo-familial ataxy from 118 families, and investigated their families as thoroughly as it is only possible in a country with a stable population.

He divided his cases clinically into five groups: Friedreich's ataxy, atypical Friedreich, mixed forms, Pierre Marie's type, and congenital heredo-ataxy.

In many cases histories and reports covered several decades, and this long observation cast light on several interesting points. Both the Friedreich and the Pierre Marie type lead to marked dementia in the later stages of the illness; atrophy of muscles is a common and marked sign in the late stage, particularly in Friedreich's ataxy; the mean age of onset is: in the Friedreich group, 13·7 years; in the Pierre Marie group, 34·1 years; in the mixed group, 52·3 years. The age of onset varies more between families than within families.

The statistical analysis of the family incidence is very thorough; it makes a convincing case for Friedreich's type being inherited as a simple recessive, Pierre Marie's type as a simple dominant. From the genetic point of view, the two types must be considered as different biotypes.

Maps show that the ancestors of the heterozygotes tend to cluster in certain parts of the country. Some specimen family trees are appended.

ERIC GUTTMANN.

**Sorsby, Arnold.** *Ophthalmia Neonatorum.* Institute of Ophthalmology Monographs, No. 1. London, 1945. Hamish Hamilton Medical Books. Price 7s. 6d.

Few sights are sadder than that of children, however well cared for, in Sunshine Homes for Blind Babies. Approximately one-sixth of these children have been the victims of ophthalmia neonatorum—a disease not serious in itself, but very serious in the complications which may ensue, entailing a life of blindness, severe educational and social handicaps, and a great cost to the community. It is a national disgrace that this preventable disease should not always be prevented.

Professor Arnold Sorsby has written a masterly monograph on the problem of ophthalmia neonatorum, a monograph which is of great interest, not only to public health personnel, midwives, ophthalmologists and epidemiologists, but to all who care for the public good. As Sir Allen Daley points out in the foreword, the author writes from an experience of this disease which is probably unique. (Incidentally, the London County Council provide, in this as in many other fields of public health work, a most admirable service.) The author has, on account of his high personal qualifications, produced an authoritative, well-written document. Statistical aspects are prominent; charts illustrate clearly the varying incidence of the disease and of its complications; and its interesting geographical distribution is described.

The monograph is timely in that it reviews the position after thirty years of statutory notification, operative throughout England and Wales since 1914, and some sixty years since the advent of Credé's prophylactic method (toilet of the lids of the newly born, and installation of silver nitrate solution in the conjunctival sac). In 1914 a purulent discharge from the eyes of the infant, commencing within twenty-one days from the date of its birth, was notifiable by the midwife. Since 1936 the duty has devolved upon the doctor, the midwife being required under the rule of the Central Midwives' Board to summon medical assistance.

There has been a striking and consistent decline, which has become accelerated in pace in recent years, in the incidence of impaired vision and blindness from this disease. Yet the curious fact remains that the incidence of the disease itself has lessened but little. There is a reproach implied in the facts that, whilst notification and treatment have been brilliantly successful in eradicating the complications of ophthalmia neonatorum, measures for lowering its incidence have failed, for it is probably not less frequent to-day than it was a generation ago.

The author reveals the limitations of the Credé method. A valuable feature is his insistence that the disease is far from synonymous with gonococcal ophthalmia—a widely held opinion which has resulted occasionally in the neglect in treatment of

maternal infections other than gonorrhoea; and, incidentally, needless recriminations between husband and wife in some cases. Wider recognition of virus and other infections as causes, together with the brilliant advances made in treatment in recent years—first, the use of the sulphonamide drugs, and latterly penicillin—should help in the eradication of the disease.

It is of interest that in areas where the notifications are highest the incidence of complications is least. In the years 1941-3 not a single case of total blindness resulted from the 3,000 notifications. In two cases only was there impaired vision. The decline throughout the years has not been evenly spread throughout England and Wales; particularly in the latter country the position has been unfavourable. The reviewer recalls that in one eye hospital erected less than ten years ago there was a room which was planned and built to be devoted to the treatment of purulent ophthalmias of the new-born. The use of this room for this purpose has long ago been abandoned in view of the dramatic cure which can be achieved in the home by the use of the new drugs. Up to ten years ago few more arduous tasks in nursing could exist than that of the constant irrigations and attention to the eyes of infants suffering from the disease, perhaps over a period of some weeks. Now, in early cases, there is possibility of cure by penicillin after half an hour's treatment.

On the important subject of prophylaxis the author quotes Benjamin Gibson of 140 years ago who stated: "First to remove, if possible, the disease in the mother during pregnancy; secondly, if that cannot be accomplished, to remove artificially as much of the discharge as possible from the vagina at the time of delivery; and third, to pay,

at all events, particular attention to the eyes of the child by washing them immediately after delivery with a liquid calculated to remove the offending matter or to prevent its noxious action"—words as true to-day as they were in 1807.

Vigilance is required to see that babies receive prompt and adequate treatment, but the strongest emphasis must be placed on good ante-natal hygiene, early ascertainment and preventive action. Over three-quarters of the mothers in this country attend ante-natal clinics; thus there is ample opportunity for early attack on this problem. It is the duty of all who seek to eradicate the calamity of blindness from birth from the community to take the lessons of this monograph to heart.

J. L. BURN.

**Winnicott, D. W.** *Getting to Know Your Baby.* London, 1945. Wm. Heinemann (Medical Books) Ltd., for *The New Era*. Pp. 27. Price 1s.

THIS little booklet, published for the *New Era*, is arranged in six short sections, entitled: 1. Getting to know your baby. 2. Why do babies cry? 3. Infant feeding. 4. What about Father? 5. Their standards and ours. 6. Postscript. Dr. Winnicott makes a plea for giving due weight to the sound instincts of normal parents, no less to those of the infants, in establishing the early relationships between parents and children on a satisfactory basis. He challenges the young healthy-minded mother to feel confidence in her natural feelings and to allow these to guide her to understand and care for her baby as an individual, rather than to follow blindly some rule or prescription of doctor, nurse or friend.

HILDA LEWIS.

---

---

## PERIODICALS

### **Acta Ophthalmologica**

**1942, Vol. 19.**—*Die Erbllichkeit angeborener totaler Farbenblindheit mit Lichtscheu* (The heredity of congenital total colour-blindness with photophobia).—By Gustaf F. Göthlin.—In the light of the recent literature and on the evidence of his own investigations, the author considers it certain that the typical, total colour-blindness with photophobia is a hereditary anomaly. The inheritance is not sex-linked. The transmission is simple recessive. There is no excess of male over female among the afflicted, as other writers have claimed. Consanguinity is found in 32 to 33 per cent among

the parents of totally colour-blind people. Considering the different mode of transmission of partial colour-blindness (sex-linked-recessive) it may be possible in atypical cases to distinguish mild (incomplete) cases of total colour-blindness from severe cases of partial colour-blindness, though they may be similar in clinical manifestation.

ERIC GUTTMANN.

### **Annals of Eugenics**

**November 1945, Vol. 12, Part 4.**—*The Inheritance of the Allelomorphs of the Rh gene with Special Reference to the Rh' and Rh" Genes.*—By F. Stratton; *The Inheritance of Allelomorphs of the*